

The Hospitality City

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use.

Certificate #:1718743

Issued to: CUBBEDGE, CAROL IRBY & RHONDA

Building Address: 231 HILLCREST ST

City, State, Zip: WAVELAND, MS 39576

Expires: END OF OCCUPANCY

Issued Date: 06-28-2017

Occupancy Type: [21-Single Family Residential Home

Sprinkler System Required: NO

Special Conditions: NONE

Building Official

A 4206

3.8.18

Date

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

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ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

		100					
The state of the s					R INSURANCE COMPANY USE		
A1. Building Owner's Name RHONDA CUBBEDGE & CAROL IRBY					Pol	icy Number:	
A2. Building Street Addres 231 HILLCREST ST	s (including Apt.,	Unit, Suite, and/or	Bldg. No.) or P.C	. Route and E	Box No.	Cor	mpany NAIC Number:
City Waveland			State M	S ZIP Co	ode 39576		
A3. Property Description (L TAX PAECEL # (161E-0-02		mbers, Tax Parcel N	Number, Legal D	escription, etc	c.)		
A4. Building Use (e.g., Res A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a cr a) Square footage of b) Number of perman or enclosure(s) with c) Total net area of flo d) Engineered flood o	t. N 30-17-11 Lographs of the builder 5 rawlspace or encorawlspace or encorawlspace or ent flood opening in 1.0 foot above od openings in Appenings?	ong. W 89-22-12 ilding if the Certifica closure(s): closure(s) gs in the crawlspace e adjacent grade A8.b Yes No	te is being used to the is being used to the is being used to the interest of	o obtain flood A9. F a b	for a building wi) Square foota) Number of p within 1.0 foo) Total net are) Engineered	ith an attached age of attached permanent floo ot above adjact ea of flood ope flood openings	d garage <u>NA</u> sq ft d openings in the attached garage ent grade <u>NA</u> nings in A9.b <u>NA</u> sq in
	SECT	TION B – FLOOD	INSURANCE	RATE MAP	(FIRM) INFO	RMATION	
B1. NFIP Community Name Waveland 285262	e & Community N	lumber	B2. County Nar Hancock	ne		B3. MS	State
B4. Map/Panel Number 28045C-0361	B5. Suffix D	B6. FIRM Index I 10-16-09	Effectiv	FIRM Panel re/Revised Da 10-16-09	ate Zo	Flood one(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20
☐ FIS Profile 311. Indicate elevation datu 312. Is the building located Designation Date: NA	m used for BFE		VD 1929	Other/Sou NAVD 199 or Otherwise	B8	er/Source: a (OPA)?	 □ Yes ⊠ No
	SECTIO	N C – BUILDING	ELEVATION I	NFORMATI	ON (SURVEY	REQUIRED))
C1. Building elevations are based on: C2. Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Ricco only, enter meters. Benchmark Utilized: LOCAL Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source:							
Datum used for building	elevations must	be the same as tha	it used for the BF	E.		Check the	measurement used.
a) Top of bottom floor (i b) Top of the next highe c) Bottom of the lowest d) Attached garage (top e) Lowest elevation of n (Describe type of equ	r floor horizontal structo of slab) nachinery or equ	ural member (V Zon	es only)		22.0 NA NA NA NA		feet
f) Lowest adjacent (finisg) Highest adjacent (finish) Lowest adjacent grad	shed) grade nex	t to building (HAG)	rs, including struc	tural support	<u>14.0</u> <u>14.6</u> <u>NA</u>	\boxtimes	feet meters feet meters feet meters
	SECTIO	ON D – SURVEYO	OR, ENGINEER	R, OR ARCH	IITECT CERT	TIFICATION	
This certification is to be signiformation. I certify that the I understand that any false Check here if commer Check here if attachm Certifier's Name Duke Levy	e information on statement may b its are provided o ents.	this Certificate repre be punishable by fin	esents my best e	forts to interp t under 18 U. nd longitude	ret the data ava S. Code, Section in Section A pro	ailable. on 1001.	DUKE LEVER PROPERTY OF THE PAGE OF THE PAG
Title Surveyor Company Name Duke Levy & Associates					- De la companya del companya de la companya del companya de la co		
Address 1711 Waveland	Ave.	City Waveland		State MS	ZIP Code 39	576	OF MISSIS
							- WIS /

ELEVATION CERTIFICATE, page 2 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 231 HILLCREST ST City Waveland ZIP Code 39576 Company NAIC Number: State MS SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. Comments WO # 16-0282 BM - FIRE HYDRANT FLANGE BOLT BETWEEN 'AL' & 'VILLE' AT THE 'NE' CORNER OF THE PROPERTY AT EL = 13.50' FEET Signatur Date 11-30-16 SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is ☐ feet ☐ meters ☐ above or ☐ below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is ☐ feet ☐ meters ☐ above or ☐ below the LAG. E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is ☐ feet ☐ meters ☐ above or ☐ below the HAG. ☐ feet ☐ meters ☐ above or ☐ below the HAG. E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G. SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner's or Owner's Authorized Representative's Name Address City State ZIP Code Telephone Signature Date Comments Check here if attachments. SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. G2. 🗌 The following information (Items G4-G10) is provided for community floodplain management purposes. G3. 🔲 G5. Date Permit Issued G4. Permit Number G6. Date Certificate Of Compliance/Occupancy Issued G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement G8. Elevation of as-built lowest floor (including basement) of the building: ☐ feet ☐ meters Datum G9. BFE or (in Zone AO) depth of flooding at the building site: □ meters feet Datum G10. Community's design flood elevation: ☐ feet ☐ meters Datum Local Official's Name Title Community Name Telephone

Signature Comments

Check here if attachments.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name RHONDA CUBBEDGE & CAROL IRBY					Policy Num	nber:	
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Nu 231 HILLCREST ST						NAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Desc TAX PARCEL # (16		nd Block Numbers, Tax '.000)	k Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	n, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longit	ude: Lat. N	30-17-11	Long. <u>\</u>	V 89-22-12	Horizontal Datun	n: NAD	1927 × NAD 1983
A6. Attach at least	2 photograpi	ns of the building if the	Certifi	cate is being used to	o obtain flood insura	ance.	
A7. Building Diagra	m Number	5					
A8. For a building v	with a crawls _l	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)		sq ft			
b) Number of p	permanent flo	ood openings in the cra	wlspad	ce or enclosure(s) w	rithin 1.0 foot above	adjacent gr	ade
c) Total net are	ea of flood op	enings in A8.b		sq in			
d) Engineered	flood openin	gs? 🗌 Yes 🗌 No)				
A9. For a building v	A9. For a building with an attached garage:						
a) Square foot	a) Square footage of attached garagesq ft						
b) Number of p	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade						
c) Total net are	a of flood op	enings in A9.b		sq in			
d) Engineered	flood opening	gs? Yes N)	-			
D4 NEID Commission		CTION B – FLOOD IN	ISURA	T		TION	T
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C-0361	D	10/16/2009		6/2009	AE	Floo	20
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No							
Designation Date: CBRS DPA							

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 231 HILLCREST ST	Policy Number:						
City State ZIP Code WAVELAND Mississippi 39576	Company NAIC Number						
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY R	EQUIRED)						
C1. Building elevations are based on: Construction Drawings* X Building Under Constrution And Provided Head of the Section Construction of the building is complete.	uction* Finished Construction						
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: LOCAL Vertical Datum: NAVD 1988							
Indicate elevation datum used for the elevations in items a) through h) below. \[\sum \text{NGVD 1929} \sqrt{\text{X}} \text{ NAVD 1988} \sqrt{\text{Dother/Source:}} \] Datum used for building elevations must be the same as that used for the BFE.	Charletha management						
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 25. 3	Check the measurement used. ———————————————————————————————————						
b) Top of the next higher floor							
c) Bottom of the lowest horizontal structural member (V Zones only)							
d) Attached garage (top of slab)							
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	X feet meters						
f) Lowest adjacent (finished) grade next to building (LAG)14. 0	X feet meters						
g) Highest adjacent (finished) grade next to building (HAG)14. 6	🔀 feet 🗌 meters						
h) Lowest adjacent grade at lowest elevation of deck or stairs, including	X feet meters						
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION							
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by I certify that the information on this Certificate represents my best efforts to interpret the data availa statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	law to certify elevation information. ble. I understand that any false						
Were latitude and longitude in Section A provided by a licensed land surveyor? X Yes No	Check here if attachments.						
Certifier's Name License Number DUKE LEVY 01722	WELEVY						
Title SURVEYOR	O ROFES						
Company Name DUKE LEVY & ASSOCIATES	Place P I						
Address 1711 WAVELAND AVE	Here ON AND SURVEY						
CityStateZIP CodeWAVELANDMississippi39576	OF MIS						
Signature Date Telephone 10/31/2017 (228) 467-5212							
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance a	gent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable) WO 17-16-282 BM - FIRE HYDRANT FLANGE BOLT BETWEEN 'AL' & 'VILLE' AT THE 'NE' CORNER OF THE PR	ROPERTY AT 13.50' FEET						

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name RHONDA CUBBEDGE & CAROL IRBY						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 231 HILLCREST ST Company NAIC Number:						AIC Number:	
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Description TAX PARCEL # (16		id Block Numbers, Tax .000)	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longit	ude: Lat. N	30-17-11 L	ong. V	V 89-22-12	Horizontal Datur	n: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to	o obtain flood insur	ance.	
A7. Building Diagra	m Number	6					
A8. For a building v	with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		280 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade4
c) Total net are	ea of flood op	enings in A8.b33	6 s	q in			
d) Engineered	flood opening	gs? 🗌 Yes 🗵 No					24
A9. For a building v	vith an attach	ed garage:					-
a) Square foot	age of attach	ed garage		sq ft			
b) Number of p	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade						
c) Total net are	ea of flood op	enings in A9.b		sq in			
d) Engineered	flood opening	gs? ☐ Yes ☐ No)				
	00000000000000000000000000000000000000		1100				
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E:	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zoi	se Flood Elevation(s) ne AO, use Base nd Depth)
28045C-0361	D	10/16/2009	10/16		AE	1100	20
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: The FIS Profile FIRM Community Determined Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS DPA							

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 231 HILLCREST ST Company NAIC Number City State ZIP Code WAVELAND Mississippi 39576 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Construction Drawings* ☐ Building Under Construction* C1. Building elevations are based on: X Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: LOCAL Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 X NAVD 1988 ☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 15.7 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _ × feet meters 25 3 x feet b) Top of the next higher floor meters N/A_.___ c) Bottom of the lowest horizontal structural member (V Zones only) x feet meters N/A d) Attached garage (top of slab) X feet meters 25 3 Lowest elevation of machinery or equipment servicing the building x feet meters (Describe type of equipment and location in Comments) 14 9 f) Lowest adjacent (finished) grade next to building (LAG) x feet meters 15.2 g) Highest adjacent (finished) grade next to building (HAG) x feet meters 15.0 h) Lowest adjacent grade at lowest elevation of deck or stairs, including x feet meters structural support SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? Check here if attachments. Certifier's Name License Number **DUKE LEVY** 01722 Title SURVEYOR Place Company Name Seal **DUKE LEVY & ASSOCIATES** Address 1711 WAVELAND AVE State ZIP Code WAVELAND Mississippi 39576 Telephone Signature Date 01/16/2018 (228) 467-5212 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) BM - FIRE HYDRANT FLANGE BOLT BETWEEN 'AL' & 'VILLE' AT THE 'NE' CORNER OF THE PROPERTY AT 13.50' FEET A/C IS THE LOWEST MACHINERY LOCATED ON THE 'NW' SIDE OF THE HOUSE.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 231 HILLCREST ST City State VAVELAND State Mississippi State Mississippi 39576 FOR INSURANCE COMPANY USE Policy Number: Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption

ELEVATION CERTIFICATE



Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

			1
IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., I 231 HILLCREST ST	Policy Number:		
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

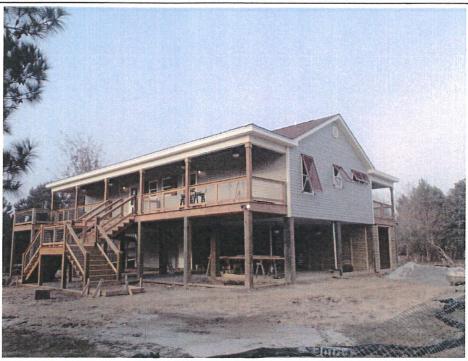


Photo One

Photo One Caption

Photo Two

Photo Two

Photo Two Caption

1910 Recorded in the Above Deed Book & Page 02-16-2018 01:18:44 PM Timothy A Kellar Hancock County

02-16-2018 01:18:44 PM

I certify this instrument was filed on

Hancock County

WAVELAND

NONCONVERSION AGREEMENT

CITY OF VVAVELAND, MISSISSIPPI and recorded in Deed Book	
11 b 7 () 2010 at pages 1910 - 1910	
This DECLARATION made this U day of Flo., 20 8, 2018 at pages 1910 - 1910 by ("Owner") having an address at	
by ("Owner") having an address at	
231 11111111111111111111111111111111111	
WITNESSETH:	
WHEREAS, the Owner is the record owner of all that real property located at 231 H7 NCVEST STYRET in the City of Waveland, Ms. in the County of Flancock,	6
in the City of Waveland, Ms. in the County of Flancock,	6
designated in the Tax Records as 141E-0-02-097,000	
WHEREAS, the Owner has applied for a permit to place a structure on that property that has an	
enclosed area below the base flood elevation constructed in accordance with the requirements of	-
Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number 325 and under Permit Number 1718743.	
325 and under Permit Number 17187 45	0
S.C. Marie	1.
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the	
following covenants, conditions and restrictions are placed on the affected property as a condition of	
granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner,	
his heirs, personal representatives, successors, future owners, and assigns.	
The Hell of person at 1951000 had to e, out of the end	

1. The structure or part thereof to which these conditions apply is:

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

- 2. At this site, the Base Flood Elevation is ______ feel above mean sea level, National Geodetic Vertical Datum.
- 3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
- 4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
- 5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
- 6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.

7	Other	cond	itions'

1. Other conditions.		"Mannana"
		My Commission Expires Dec. 31, 2019
In witness whereof the undersigned set their hands an	nd seals this 10th day of _	
CAROLL. INBY (Seal)	Timothy A Tellar Chancery Clerk	State of Mississippi, County of Hancock Personally appeared before me, the undersigned authority in and for the said county and state, on this day of
\	By	above and foregoing instrument.